

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))		-20* =	0	x \$ _____ =	\$ _____
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	4	-3** =	1	x \$ 84.00 =	84.00
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	740.00
				Total of above Calculations =	824.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					412.00
* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.				TOTAL =	412.00

6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 500 - 246:
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☐ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ Extension of Time is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: The \$412 filing fee is not submitted herewith & will be submitted at a later time

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

**14. NEW CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> New correspondence address below	
(Insert Customer No. or Attach bar code label here)			
Name	Beck & Tysver, P.L.L.C.		
Address	2900 Thomas Avenue South, Suite 100		
City	Minneapolis	State	MN
Zip Code	55416		
Country	USA	Telephone	612-915-9633
Fax	612-915-9637		

**15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type)	Stephanie J. Smith
Signature	<i>Stephanie J. Smith</i>
Registration No. (Attorney/Agent)	34,437
Date	12/10/01